

EPILEPSY SNAPSHOT!

Provincial Guidelines for the Management of Epilepsy in Adults and Children

Provincial Guidelines for the Management of Epilepsy in Adults and Children were developed by the Epilepsy Implementation Task Force in an effort to improve epilepsy care across the province. Below is a synopsis of the guidelines:

What You Need To Know

Diagnosis (refer to section II)

The clinical decision as to whether an epileptic seizure has occurred should be based on the combination of the description of the event, associated symptoms and ancillary information (e.g., detailed history, eyewitness to the clinical event). A careful history and neurologic examination may allow a diagnosis without extensive further evaluation. If the diagnosis cannot be clearly established, referral to an appropriate specialist (pediatrician, internist or neurologist) should be considered.

Treatment (refer to section IV)

After the first unprovoked epileptic seizure, patients should be referred for EEG, and if necessary, MRI brain. If the diagnosis of epilepsy is established, AED treatment may be initiated by the GP/FP if the physician is comfortable in initiating AED treatment. Otherwise, patient should be referred to a specialist. Decision to initiate AED in patients with newly diagnosed epilepsy should be based on the discussion between the physician and the patient (or legal guardian/ caregiver).

Patient/Caregiver Education (refer to section V)

Patients should be educated about their condition and encouraged to address factors under their control including:

- Lifestyle and Psychosocial Implications
- Seizure types, syndromes, and treatment options

Women with Epilepsy (refer to section VI)

A management plan for women with epilepsy should be developed to address issues related to pregnancy, contraception, and menopause.

Patient Referrals (refer to section VII)

Emergency care provider: Patients with new onset epileptic seizure(s) should be advised to follow up with their GP, FP or a referral should be made to the specialist.

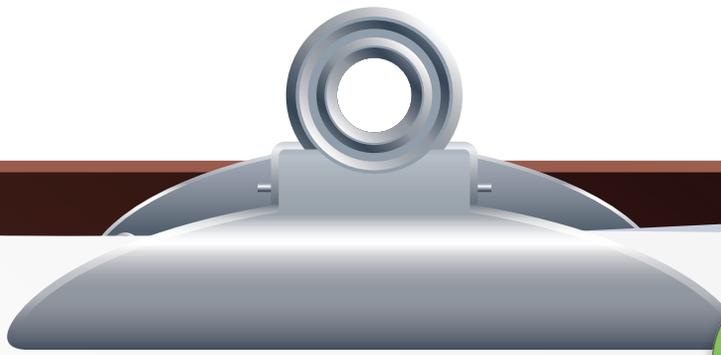
GP/FP/Pediatrician/Internist: All patients who fail to respond to adequate trial of the first AED should be referred to a neurologist. All patients in Ontario with medically refractory focal seizures should be referred to an epileptologist in a District Epilepsy Centre in order to assess surgical candidacy, sooner rather than later.

Follow Up (refer to section VIII)

During follow up, enquiry should be made regarding new seizure types, efficacy and side effects of AEDs, and in children, impact on growth and development. Recommended follow-up intervals by age: 1-12yrs: every 3-6 months; 13-17yrs: every 6-12 months; adults: 6-12 months.

Co-morbidities (refer to section IX)

Co-morbidity refers to the co-occurrence of two conditions with a greater frequency than found in the general population. This does not infer a causal relationship. Co-morbid conditions are common in people with epilepsy. Their presence has important implications for diagnosis, treatment, medical costs and quality of life.



Epilepsy Education Check List

This checklist can be used by both patients and healthcare professionals to ensure that patients and their families have the information they need. Ideally, this information can be shared in a timely manner. The information checklist may be revisited if new concerns develop (IOM, 2012). Healthcare providers may discuss the topics listed below based on their clinical judgement.

General epilepsy information

- Definition, seizure types, syndromes, potential causes
- Explanation of investigative procedures
- Prognosis
- Treatment options
- Seizure diary

Medications

- Choice of drug
- Side effects
- Compliance
- Drug interactions
- Missed and sudden cessation of medications
- Medication subsidies/drug plans
- Rescue medications

First Aid

- General first aid information
- When a seizure is a medical emergency

Women and Epilepsy Issues

- Contraception
- Preconception
- Pregnancy and breastfeeding
- Pregnancy registry
- Menopause

Lifestyle

- Diet
- Exercise
- Sleep
- Alcohol, substance abuse
- Driving regulations
- Employment
- School

Safety and Risk factors

- Injury prevention at home and in community
- Sudden Unexpected Death in Epilepsy (SUDEP)
- Medic Alert jewellery

Possible psychosocial consequences

- Perceived stigma
- Memory loss
- Depression
- Anxiety
- Sexual difficulties
- Low self-esteem

Community Supports

- Discussion about Community Epilepsy Agency
- Call 1-866-Epilepsy or find list of local agencies at www.epilepsyontario.org